REGULATION 8.130 SUPPLEMENTAL INFORMATION FORM

Licensee name			
Transaction date and amount			
Lender name			
Lender address and			
phone number			
-			
Federal tax			
identification number			
For all lenders except individuals	s, complete the nex	kt section, follow	ring the instructions below.
For Corporations: List all corpo	orate officers and i	nclude an addres	ss and social security number
for each. Attach additional shee	ts as necessary. If	the company is	not publicly traded, include
the information for all stockhold	ers also.		
For Partnerships: List the reque	sted information for	or all partners.	
	11.0		
For Trusts: Provide all requested applicable information for the trusted applicable information		he trustor and be	eneficiary. Also identify the
applicable illiornation for the tri	isice.		
	Ownership	Federal Tax	Residential
Name/Position	Percentage	ID Number	Address
Note: Use of the term "lender" transactions described in Regula	-	the use of this fo	orm in connection with other
_			
All lenders must fully describe the			
the funds were derived from bus		•	
of the business. Also include the			
funds were drawn, if applicable. number. If the proceeds were dr			
account information as described	ū		
funds (e.g., employment, investr		•	•
contract with another entity, con			
OTHER LENDERS (SEE IN	STRUCTIONS	ABOVE)	
Lender name			
Lender address and			
mla om o manual ::			
phone number			
phone number Federal tax			

OTHER LENDERS

Officer, director, stockholder or partner information (see instructions for the primary lender at the beginning of this form)

Name/Position	Ownership Percentage	Federal Tax ID Number	Residential Address	
SECURITY, COLLATERAL AND GUARANTIES				

If any form of security, collateral, or guaranty was obtained for the loan to the licensee or a loan to the entity making the loan to the licensee, name the guarantor and describe the arrangement.

Guarantor's name	
and address	
Federal tax	
identification number	
Description of arrangement:	

For all guarantors except individuals, complete the schedule of principals below (see instructions for lenders at beginning of this form)

Name/Position	Ownership Percentage	Federal Tax ID Number	Residential Address

NOTE: Copies of all executed agreements must be submitted with this form. If agreements are not written, please state this fact.

Please fill in the following information in case questions arise regarding the information on this form.

Person to contact/Position	
Company name	
Telephone number	
(include area code)	

I hereby authorize and request all brokerage firms, banks, savings and loans, or other financial institutions or officers of same, to permit duly appointed agents of the Nevada State Gaming Control Board to review and obtain copies of any and all documents, records or correspondence pertaining to persons identified in this document, including but not limited to past loan information, notes co-signed by individuals identified in this document, checking

account records, savings deposit records, safe deposit records, passbook records, and general ledger folio sheets. Information provided by: Subscribed and Sworn to me this_____Day of_____20__

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Signature of lender or representative Notary Public in and for the County of Name (print or type)